

JOB SATISFACTION AND DISSATISFACTION OF PROFESSIONAL NURSES IN PRIMARY HEALTH CARE FACILITIES IN THE FREE STATE PROVINCE OF SOUTH AFRICA

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ABSTRACT

Nurses in South Africa form the backbone of primary health care (PHC) service delivery. Therefore, it is essential that they experience job satisfaction as effort and commitment of staff play a crucial role in determining the quality of services. However, South African public health services are faced with severe shortages of nurses due to work overload, poor working conditions, uncompetitive remuneration, and inadequate management. In this article, we determine how stressors confronting public sector PHC nurses influence their levels of job satisfaction and dissatisfaction.

A total of 534 nurses completed self-administered questionnaires comprising biographical questions, scales assessing job-related stressors and resources, and two open-ended questions focusing on job satisfaction and dissatisfaction. Quantitative data were coded, captured and analysed using the Statistical Package for the Social Sciences. Qualitative data were analysed using content analysis.

The mean scores on quantitative workload indicated that nurses experienced their workload to be very high. The main determinants of job dissatisfaction were workload, limited resources and lack of communication with management. Job satisfaction was mainly attributed to being in a position to help relieve patients' suffering and having a good relationship with managers. A key recommendation relates to the development of a comprehensive human resource management strategy to address staff shortages, staff retention, and the division of labour.

Keywords: Job satisfaction; job dissatisfaction; nurses; primary health care

Abbreviations used in the article

ART – Antiretroviral treatment
ARV – Antiretroviral
ICAWS – Interpersonal Conflict at Work Scale
OCS – Organisational Constraints Scale
PHC – Primary health care
QWS – Quantitative Workload Scale
SPSS – Statistical Package for the Social Sciences

INTRODUCTION

Nurses in South Africa form the backbone of the primary health care (PHC) system. As such their well-being is of paramount importance for effective health service provision. However, the South African public health system is confronted with severe staff shortages due to workers migrating to the private health sector and to other countries. In 2007, 36.3% of public sector nursing posts were vacant at the national level, while 35.7% were vacant in the Free State Province (Day & Gray, 2007: 310). Uncompetitive remuneration and poor working conditions are often cited as the main reasons for the attrition of professional nurses (Gillespie & Melby, 2003; Mhlambi, 2002). In this regard Van Niekerk (2006: 155) wrote: “... *poor management, rundown facilities and lack of basic medication and other requirements are rife in all public health care facilities but especially in the rural areas, which is a major disincentive for the recruitment and retention of professional staff*”. Additional factors contributing to the growing shortage of qualified nurses include dissatisfaction with increasing nursing responsibilities, a decrease in the number of applications to baccalaureate nursing programmes, the ageing workforce, difficulty in recruiting young people into the field, and staff retention challenges (Mitchell, 2003). Furthermore, inadequate training (Dennill, 1999; Strachan, 1999) and professional support for staff (Rothmann, Aucamp, Van der Colff, Van Rensburg & Rothman, 2004); lack of protocols and guidelines on many aspects of PHC nursing (Strachan, 1999); managing difficult responsibilities, ambiguity and role conflict (Rothmann et al., 2004); and constant emotional involvement with ill and dying patients (Buunk & Schaufeli, 1993; Paton & Violanti, 1996) contribute to nurses’ occupational stress levels.

The impact of the HIV/AIDS pandemic on the South African health care system increases demands on the health system, contributes to the stress of health workers, and accounts for health worker HIV/AIDS morbidity and mortality (Sanders & Lloyd, 2005). A survey shows a national HIV prevalence of 15.7% among South African nurses (Marchal, De Brouwere & Kegels, 2005; Shisana, Hall, Maluleke, Stoker, Schwabe, Colvin, Chauveau, Botha, Gumede, Fomundam, Shaikh, Rehle, Udjo, & Gisselquist, 2002). Furthermore, nurses at risk of occupational exposure to HIV report that family members react negatively towards them due to stigma and fears, and this places additional strain on their family lives. Nurses face increased pressures, low morale and feelings of hopelessness due to the magnitude of the HIV problem, especially in cases where antiretroviral treatment (ART) is not yet available. However, the implementation of ART services in South Africa has introduced a new dimension to the impact of HIV and AIDS on public health nurses. With the cost of antiretroviral (ARV) drugs decreasing, the question is not only how to afford access to ARVs, but how to implement and manage ART programmes in the face of daunting and escalating human resource shortages. On the other hand, according to Marchal et al. (2005), the roll-out of ART on a large scale might improve the effectiveness of care and may be expected to reduce the levels of professional frustration.

It is particularly significant that in service delivery occupations, such as nursing, employees experience job satisfaction as skills, effort and commitment of staff play a pivotal role in determining the quality of services rendered. Job satisfaction plays an important role in employees' productivity, absenteeism, and turnover rates (Pillay, 2009; Robbins, 2008; Greenberg & Baron, 2008; Kreitner & Kinicki, 2005). Job satisfaction is described as an individual's general attitude towards his or her job (Robbins, 2008). Hence, job satisfaction represents an attitude rather than behaviour. Workers with a high level of job satisfaction hold positive attitudes toward their jobs (Caers, Du Bois, Jegers, De Gieter, De Cooman & Pepermans, 2008). According to Greenberg and Baron (2008), job satisfaction is the individual's cognitive, affective and evaluative reaction towards his or her job. This view is echoed by Kreitner and Kinicki (2005) who refer to job satisfaction as an affective or emotional response toward various facets of one's job. An employee's assessment of job satisfaction or dissatisfaction is a complex summation of a number of discrete job elements, including interaction with co-workers and task givers, following organisational rules and policies, meeting performance standards, and living with working conditions that are often less than ideal (Pillay, 2009; Robbins, 2008).

Evidence points to the following important determinants of job satisfaction among nurses: supportive managers (Yu, Hung, Wu, Tsai, Wang & Lin, 2008); supervision (Westaway, Wessie, Viljoen, Booysen & Wolmarans, 1996); manageable workloads (Yu et al., 2008); good relationships with co-workers (Kekana, Du Rand & Van Wyk, 2007; Westaway et al., 1996); and having the opportunity to help others (Kekana et al., 2007: 33). A study by Westaway et al. (1996: 18) among South African nurses found that nurses with a high self-esteem were more likely to attend to work-related needs in judging their job satisfaction than nurses with a low self esteem. Job dissatisfaction among nurses mainly related to poor remuneration (Kekana et al., 2007; Koorts & Marais, 1990); inadequate training (Koorts & Marais, 1990); lack of promotion (Koorts & Marais, 1990); poor working conditions; high workloads; and working under increasing pressures (Kekana et al., 2007).

PURPOSE OF THE STUDY

The question arises: how do the stressors faced by the public sector PHC nurses influence their levels of job satisfaction? In order to enable nurses to render quality services, it is also important to identify potential indicators of job dissatisfaction and to address these obstacles. Therefore, the purpose of this study was to describe the determinants of PHC nurses' job satisfaction and dissatisfaction.

METHODOLOGY

Design

Both quantitative and qualitative designs were used to meet the objectives of the study. A quantitative approach (descriptive statistics) was used to process the data resulting from the biographical and standardised stress questionnaires. A qualitative approach was used to determine the factors contributing to job satisfaction and dissatisfaction.

Population and sample

Of the 221 PHC facilities (fixed clinics and community health centres) in the Free State in 2005, 206 did not offer ART services (non-ART facilities). A total of 102 non-ART PHC facilities were selected through a process of stratified multistage sampling, whereby facilities were grouped according to the five districts and local service areas in the province, listed alphabetically, numbered and proportionally selected using a table of random numbers. Sekaran's (2000) table guided the minimum sample size of professional nurses (from non-ART facilities) required to ensure generalisability. Accordingly, a representative sample of 275 out of a population of 1000 respondents was required. A total of 375 nurses were randomly selected. In addition, the 20 facilities providing ART and the entire population of nurses working at these facilities were included in the study ($n = 188$). In total of 543 completed questionnaires were received from non-ART and ART facilities.

Data collection process

The Free State Department of Health authorised the survey. Permission was also granted by the respective district and facility managers in the province. Data gathering commenced in the second half of 2005 and spanned a period of slightly more than two months. Ethical issues such as voluntary participation, anonymity and confidentiality were adhered to. Questionnaires, placed in unmarked envelopes to ensure confidentiality, were distributed to participating nurses with the instruction that they should answer all questions and that the completed questionnaire should be sealed in the attached envelopes. A date was arranged for the collection of completed questionnaires between the researchers and the heads of the respective facilities.

Measuring instruments

Respondents completed a biographical questionnaire seeking information on type of facility, sex, population group, age, rank, educational level, marital status, work hours and training. They also completed three standardised measures of Spector and Jex (1998) assessing job-related stressors and resources, including: *Interpersonal Conflict at Work Scale (ICAWS)*, *Organisational Constraints Scale (OCS)* and *Quantitative Workload Scale (QWS)*. The *ICAWS* assesses the frequency of interpersonal conflict between staff members and consists of four items. Spector and Jex (1998) report alpha coefficients of 0.74 and higher across 13 studies. The *OCS* reflects situations or conditions that

interfere with task performance at work. These constraints include 11 items such as faulty equipment and insufficient information. No alpha coefficients were available for this scale as the 11 constraints include a variety of conditions; therefore, it was inappropriate to calculate alpha coefficients as an index of reliability. The *QWS* consists of 5 items that assess quantitative workload. Spector and Jex (1998) report alpha coefficients from 0.82 and higher across 15 studies. No South African study, using these scales could be found. In addition, respondents were asked two open-ended questions, namely to list the three most important factors which contribute to their satisfaction and positive work experience and to list the three most important factors which contribute to their dissatisfaction with their work situation.

Data analysis

The data that resulted from the biographical questionnaire and the standardised measuring instruments were coded, captured and analysed using the Statistical Package for the Social Sciences Version 15 (SPSS). Frequencies and percentages were calculated for all biographical questions. Descriptive statistics (means, standard deviations, skewness and kurtosis) were calculated for all scales. The qualitative responses of the participants that resulted from the open-ended questions were explored and analysed using content analysis. Content analysis is a careful, detailed systematic examination and interpretation of a particular body of material in an effort to identify patterns, themes, biases and meanings. The stages in the content analysis process (Berg, 2007) were followed. Analytic categories representing factors contributing to job satisfaction and dissatisfaction were compiled by consulting existing literature and sorting the themes or category labels from the data. The next step was to read through the data and to identify relevant themes and category labels for sorting the data. After the analytic and grounded categories were identified, objective criteria for selection were established and the data sorted accordingly. Tally sheets were created with the specific categories listed at the top of each sheet and data recorded. The proportional weight of the number of responses on a specific theme was compared to the total number of responses to determine the frequency of certain themes as factors, contributing to job satisfaction and dissatisfaction.

RESEARCH RESULTS

The biographical characteristics of the sample are given in table 1. The mean age of the respondents was 42 years; the youngest respondent was 25, while the oldest respondent was 65 years of age. The majority of respondents were female (89.3%; n=485), Black (83.8%; n=455), and slightly more than half were married (57.5%; n=312).

Table 1: Biographical characteristics of the research group (n = 543)

Demographic variable	No. of respondents	Percentage
Sex:		
Male	58	10.7
Female	485	89.3
Population group:		
Black	455	83.8
White	75	13.8
Coloured	13	2.4
Marital status		
Single	120	22.1
Married	312	57.5
Remarried	8	1.5
Divorced	57	10.5
Widowed	29	5.3
Engaged	4	0.7
Living together (not married)	9	1.7
Other	4	0.7
Occupational Rank		
Chief professional nurse	227	41.8
Senior professional nurse	124	22.8
Professional nurse	192	35.4
Manager of clinic/site		
Yes	116	21.4
No	427	78.6
Shift		
Day shift	488	89.9
Night shift	5	0.9
Both shifts	50	9.2
Employment status		
Full time	542	99.8
Part time	1	0.2

Levels of stressors

The stress levels of the respondents are reflected in table 2

The mean scores of the respondents reflect an average to lower score on the ICAWS. This indicates *low levels of interpersonal conflict* experienced in the work context. A moderate score on organisational constraints reflects a *moderate number of job-related constraints* experienced. On quantitative workload the mean score of the group reflects a very high score (20.8 out of a maximum possible score of 25) which indicates that the respondents experienced their *workload to be very high*.

Table 2: Level of stressors (n = 543)

Scales	N	\bar{X}	Standard deviation	Skewness	Kurtosis
Conflict and social relations in the workplace	542	8.9	3.08	0.69	0.53
Organisational constraints	542	24.8	9.53	0.67	-0.14
Time pressure of workload	541	20.8	4.66	-1.02	0.06

Job dissatisfaction

The determinants of job dissatisfaction are reflected in table 3.

Table 3: Determinants of job dissatisfaction (n = 543)

Factors contributing to dissatisfaction	Number of responses	Percentage of total
Workload	405	28.7
Limited resources	223	15.8
Lack of recognition and communication with management	211	14.9
Negative feedback from patients	130	9.2
Poor remuneration	129	9.1
Lack of training	78	5.5
Working conditions	68	4.8
Human resources practices	65	4.6
Unreliable staff/co-workers	53	3.6
Coping with AIDS	22	1.6

Total number of responses: N = 1 413

The three main determinants of job dissatisfaction were workload, limited resources and lack of communication with management.

Workload

The most frequently reported factor contributing to nurses' dissatisfaction related to workload (28.7%; n=405). More specifically, these issues comprised frustration due to excessive workloads and time pressures, an inability to treat all patients well within the available time because of staff shortages, working long hours, overtime, insufficient time to complete administrative tasks, and pressure to implement a variety of programmes amid staff shortages.

Chronic lack of resources

The second most frequently reported stressor was the chronic lack of resources, such as equipment, beds, medication, ambulances and financial resources (15.8%; n=223). The qualitative responses of respondents illustrated the lack of resources in general, but also highlighted specific problems such as the unavailability of medicines and uniforms, poor heating of facilities in winter, insufficient space and infrastructure of facilities, and unreliable ambulance services.

Lack of recognition and poor communication

The lack of recognition from management, along with poor communication between management and staff, was reported as a very important stressor (14.9%; n=211). Comments on this theme included staff members' feelings that their work environment lacked recognition or appreciation for workers; that they seldom received positive feedback and support from management/supervisors; that they were excluded from decisions directly affecting their work conditions; and that supervisors sometimes treated them unfairly. Respondents also commented on the negative impact of conflict between colleagues.

Constant complaints and criticism from patients

The negative influence of constant complaints and criticism of patients was mentioned in 9.2% (n=130) of the responses. Respondents referred to demanding patients who tended to be unreasonable at times, and the lack of respect which patients and community members afforded nurses.

Training-related issues

Issues related to the training of staff attracted 5.5% (n=78) of the total number of responses. In respect of training, respondents complained about not being sent for training, training courses being poorly organised, and the lack of well-trained staff to do the required work. Respondents also referred to the stressful nature of not being able to make the correct diagnosis as their training did not equip them with the necessary

diagnostic skills and sometimes being forced to attend training courses which they did not want to attend.

Human resources practices

Dissatisfaction with human resources practices also elicited responses (4.6%; n=65). Dissatisfaction with promises made by the employer but not honoured, unhappiness about not being promoted, and not receiving scarce skills allowances seem to be partially responsible for some unhappiness among respondents.

Unreliable co-workers and/or staff members

Responses (3.6%; n=53) also indicated that unreliable co-workers and/or staff members contributed to dissatisfaction levels. Specific responses related to some workers being unproductive, late for work, not following correct procedures, and neglecting patients. Those nurses who took on additional responsibilities felt dissatisfied.

AIDS patients and death of patients

Lastly, the burden of caring for AIDS patients and dealing with the death of patients added to work-related stress (1.6%; n=22).

Factors contributing to job satisfaction

The factors contributing to job satisfaction are reflected in table 4

Table 4: Determinants of job satisfaction (n= 1 255)

Factor contributing to satisfaction	Number of responses	Percentage of total
Helping patients to relieve suffering	452	36.0
Relationship with management	214	17.1
Feedback from patients	154	12.3
Sense of pride and meaningfulness	122	9.7
Commitment to nursing profession/task characteristics	120	9.6
Work hours, salary and benefits of having a job	77	6.1
Training	69	5.5
Access to resources	47	3.7

Job satisfaction was mainly attributed to being in a position to help relieve patients suffering, having a good relationship with managers, and receiving positive feedback from patients.

Helping patients to relieve their suffering

The most frequently reported factor contributing to the respondents' job satisfaction was the belief that they were helping patients to relieve their suffering (36.0%; n=452). Statements made by individual respondents bear testimony to the fact that respondents witness how patients' health improved due to their interventions, counselling and support. Statements referred specifically to the positive impact of the ART programme and the fulfilment experienced when nurses observed how their care and treatment improved the quality of life of patients and even the community.

Relationships with management and colleagues

The relationships with management and colleagues were reported as a very important source of motivation and support for professional nurses (17.5%; n=214). Respondents emphasised the positive impact of good interpersonal relationships, as well as the importance of a climate in which hard work and respect for employees are recognised.

Feedback from patients

The third most frequently mentioned factor of job satisfaction related to verbal feedback from patients who expressed their appreciation for and satisfaction with the services they received. The enhancing effect of receiving positive feedback was the focus of 12.3% (n=154) of all the responses recorded. The involvement of communities in the implementation of programmes was also raised as a factor contributing to the sense of appreciation which nurses experienced.

Pride, meaningfulness and self-efficacy

Quite satisfying for professional nurses was the sense of pride, meaningfulness and self-efficacy which they experienced when they completed tasks effectively (9.7%; n=122). These tasks included administrative duties, managerial tasks, supporting and training colleagues, treating patients, and saving lives. The opportunity to work with specific patient groups, such as the elderly, children and pregnant women, also contributed to the respondents' sense of job satisfaction.

Work hours, salary and benefits of having a job

The remuneration and fringe benefits of their jobs, including convenient working hours, public holidays, salaries, and even the privilege of having a job, were deemed sources of satisfaction in 6.1% (n=77) of responses.

Training

Another factor in the qualitative responses was the opportunity to develop new skills, as well as to re-invest knowledge and skills by training less experienced colleagues. The opportunity for personal growth and development as a source of satisfaction was mentioned in 5.5% (n=69) of the total number of the responses.

Access to sufficient resources

Lastly, access to sufficient resources, such as a clean, well-organised work environment, sufficient staff and medicines, was also noted as sources of job satisfaction (3.7%; n=47).

DISCUSSION OF RESEARCH FINDINGS

The respondents' mean scores on the OCS reflect a *moderate number of job-related constraints*, indicating that they experienced their *workload to be very high*. These results are consistent with South African research (Kekana et al., 2007; Van Niekerk, 2006; Day & Gray, 2007) highlighting the work overload and poor working conditions of health care workers in the public sector. The responses to the two open-ended questions support this result, and stress the importance of work overload and lack of resources as factors which respondents believe make a significant contribution to their job dissatisfaction. It also provides a more specific perspective on the different dimensions related to these three stressors.

As in similar studies (Kekana et al., 2007; Yu et al., 2008), *workload* was perceived by the largest proportion of respondents as the most important stressor adding to job dissatisfaction. The chronic lack of resources (equipment, beds, medicines, ambulances, and finances) was the second most frequently mentioned stressor. While at an interpersonal level, the *lack of positive feedback and recognition* from management and *poor communication* between management and staff were considered as factors with a significant negative impact on the job satisfaction levels of the respondents.

Contrary to expectations and literature on the stressful nature of caring for AIDS patients (Sanders & Lloyd 2005), only a few respondents indicated that the *burden of caring for AIDS patients* and *dealing with deaths* of these patients added to their work-related stress levels. This finding contrasts with other nursing stress research studies emphasising dealing with death and dying as a major stressor (Buunk & Schaufeli, 1993). It appears as though stressors such as work overload and lack of resources overshadow the relative unimportance of exposure to death and dying observed in the current study.

On the positive side, 36.0% (n=452) of the responses affirmed that many nurses experience the *opportunity to help relieve the suffering* of their patients as a strong motivating factor. Witnessing improvements in patients' health due to nurse interventions, counselling and support highlights the potential for job satisfaction. Many of these statements refer specifically to the positive impact of ART, supporting Marchal et al.'s (2005) suggestion that the implementation of the ART programme may have a positive impact if patients' health improves and staff members regain a sense of hope. *Supportive relationships* are also an important source of satisfaction. Many respondents referred to the positive impact a climate of recognition of hard work and respect for employees has on their overall wellbeing.

LIMITATIONS OF THE STUDY

A limitation of the study is that the results can not be generalised to professional nurses in general due to the fact that this study only focused on the public health sector in the Free State Province. It would be worthwhile to include other provinces and the private sector as well in future studies. This study used only questionnaires to collect data. Richer data might have been obtained from individual and/or focus group interviews.

Recommendations

In view of the fact that excessive workload was identified as the most prominent determinant of job dissatisfaction in this study, it is important that the key role players, including provincial and district managers, devise a comprehensive human resource management strategy to address the relevant issues of staff shortages, staff retention and the division of labour. This might appear to be a pipe dream amid resource shortages. However, failure to address work overload might result in even more professional nurses leaving the public service, with more serious consequences for the remaining staff members.

The continuous shortages of staff, medicine, equipment and other resources cause frustration and affect the ability of staff to deliver quality services and needs to be addressed urgently. The provision of dedicated space, for example a tearoom where nurses can take short breaks during their shifts to escape from the emotional strain of patients' demands should be considered. A thorough audit of specific resources needed at each facility will provide important information and guidelines for prioritising the allocation of resources.

Respondents indicated that they need more support recognition and encouragement. Attention to the psychological needs that nurses experience is essential. This could be done by means of ongoing training of provincial, district and facility decision-makers in interpersonal and managerial skills. It is also important to develop an effective performance appraisal system which provides recognition for excellent work performance, rewards good performance and encourages the improvement of poor work performance.

In order to address the need for job-related training it is essential to determine the future training needs of specific facilities and districts, and to develop and implement appropriate training programmes to address skills deficits. Staff members should also be trained in acquiring the essential life skills to cope with the demands of their jobs, including conflict management, problem-solving, stress management, time management, and interpersonal skills. Team building exercises would also be effective in bringing about more effective cooperation, mutual understanding, support and institutional cohesion.

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